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maintenance fee notifications.						197	1 1 1 6.	demostic mailings of the	
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46333 7590 10/31/2008					Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.				
HAYNES AND BOONE, LLP									
IP Section 2323 Victory Avenue									
Dallas, TX 75219								(Signature)	
								(Date)	
APPLICATION NO. FILING	FILING DATE		FIRST NAMED INVENTOR			ATTORNEY DOCKET NO.		CONFIRMATION NO.	
10/774,157 02/0	10/774,157 02/06/2004			Lukas Eisermann			PC888.00/31132.123 7280		
TITLE OF INVENTION: ARTICULAR DISC PROSTHESIS FOR ANTERIOR-OBLIQUE INSERTION									
						r			
APPLN. TYPE SMALL ENT	ITY IS	SUE FEE DUE	PUBLICATION FEE DUE		PREV. PAID ISSUI	E FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional NO		\$1510	\$300		\$0		\$1810	02/02/2009	
EXAMINER		ART UNIT	CLASS-SUBCLASS	;					
PHILOGENE, PEDRO 3733		3733	623-017150						
1. Change of correspondence address or i CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 1 Haynes and Boone LLP 2 3								
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"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.									
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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.									
recordation as set forth in 37 CFR 3.1 (A) NAME OF ASSIGNEE	(B) RESIDENCE: (CITY and STATE OR COUNTRY)								
Warsaw Orthopedic, Inc. United States									
·									
Please check the appropriate assignee category or categories (will not be printed on the patent):									
4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)								shown above)	
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5. Change in Entity Status (from status					1	TT END	NTV status Coo 27 C	ED 1.27(~\/2\	
a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party									
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Authorized Signature			Date February 2, 2009						
Typed or printed name <u>Willi</u>	am R. F	Ricter			Registration 1	No. <u>43</u>	8,879		
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